

NEW HAMPSHIRE 1998

Interest and Dividends Tax Booklet

This booklet contains:

FORM DP 59-A

FORM DP-10

FORM DP-10-ES

Due Date April 15, 1999

INTEREST AND DIVIDENDS FROM ALL NEW HAMPSHIRE AND VERMONT BANKS, CREDIT UNIONS, AND SAVINGS BANKS ARE TAXABLE.

NEW FOR 1998

New Interest Rate:

Effective January 1, 1999 through December 31, 1999 the interest due on taxes administered by the NH Department of Revenue Administration is 10%. This interest rate applies to the number of days the payment remains unpaid during 1999. The interest rate for the period January 1, 1998 through December 31, 1998 is 11% and for any periods prior to January 1, 1998, the interest rate is 15%.

Due to Federal changes on Form 1040 Schedule B, page 2 of the NH Interest and Dividends Tax return has been modified. See the form DP-10 instructions on page 4 for explanation.

Exemptions are as follows:

Individual, Partnership, Fiduciary.....	\$2,400
Joint.....	\$4,800

Other exemptions remain at \$1,200 each.

An automatic 7-month extension of time to file the Interest and Dividends Tax return will be granted provided 100% of the taxes determined to be due has been paid by the original due date. If an additional payment is necessary in order to have paid 100% of the taxes determined to be due, then Form 59-A, Extension Application for Interest and Dividends Tax must be filed with the payment.

If you have any questions regarding the Interest and Dividends Tax, then please call our Taxpayer Assistance Office at (603)271-2186. If you need additional forms please call (603)271-2192. Hearing or speech impaired individuals may call TDD Access: Relay NH 1-800-735-2964.

Copies of forms, laws and administrative rules may be obtained from our website at: <http://www.state.nh.us/revenue/revenue.htm> or from:

New Hampshire State Library
Government Information Bureau
20 Park Street
Concord, NH 03301 (603)271-2239

Services provided by the Department of Revenue Administration are compliant with the requirements of Title II of the Americans with Disabilities Act of 1990.

FORM

DP-59-A

043

**NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION
PAYMENT VOUCHER AND EXTENSION APPLICATION
FOR INTEREST AND DIVIDENDS TAX RETURN**

IMPORTANT: If you have paid 100% of the tax determined to be due by the original due date of the return you will be granted an automatic 7-month extension to file your New Hampshire Interest and Dividends Tax return **WITHOUT** filing this form or a copy of your Federal Extension.

If you meet this requirement, you may file your New Hampshire Interest & Dividends Tax return up to 7 months beyond the original due date and you will not be subject to the late filing penalty. Please note that an extension of time to file your return is not an extension of time to pay the tax.

WHEN TO USE THIS FORM:

If you need to make an additional payment in order to have paid 100% of the tax determined to be due by the original due date, then you must complete this form and submit with payment to be granted an extension of time to file your New Hampshire Interest and Dividends Tax return.

WHEN TO FILE: This form must be postmarked on or before the original due date of the return.

★ **REASONS FOR DENIAL:** Applications for extensions will be rejected for reasons such as, but not limited to, failure to complete the tax payment schedule, absence of the taxpayer's or authorized agent's signature, the application was postmarked after the due date for filing the return, or if the payment for the balance due shown on line 3 below did not accompany this application.

WHERE TO FILE: NH DEPT REVENUE ADMINISTRATION, Document Processing, PO Box 2072, Concord, NH 03302-2072.

NEED HELP: Call the Taxpayer Assistance Office, at (603) 271-2186. Hearing or speech impaired individuals may call TDD Access: Relay NH 1-800-735-2964.

Application for 7-Month Extension of Time to File

PLEASE PRINT OR TYPE	LAST NAME	FIRST NAME & INITIAL	SOCIAL SECURITY NUMBER
	SPOUSE'S LAST NAME	FIRST NAME & INITIAL	_____
	NAME OF PARTNERSHIP OR FIDUCIARY		SPOUSE'S SOCIAL SECURITY NUMBER
	NUMBER AND STREET		_____
	CITY OR TOWN, STATE, AND ZIP CODE		FEDERAL EMPLOYER IDENTIFICATION NUMBER (PARTNERSHIP OR FIDUCIARY)

For CALENDAR year **1998** or other tax year beginning _____ ending _____
Mo Day Year Mo Day Year

★ **ENTITY TYPE** — Check one: ☐ Individual/Joint ☐ Partnership ☐ Fiduciary
① ③ ④

★ **TAX PAYMENT SCHEDULE**

1 Enter 100% of the tax determined to be due.....	1	
2 LESS: Credits and payments of estimated tax.....	2	
3 BALANCE DUE: Make check payable to: State of New Hampshire	3	

Enclose, but do not staple or tape, your payment to this extension. (If negative or zero you are not required to file this extension application.)

Under the penalties of perjury, I declare that I have examined this application, and to the best of my belief it is true, correct, and complete. If prepared by a person other than the taxpayer, this declaration is based on all information of which the preparer has knowledge.

Signature _____ **Date** _____

MAIL TO: NH DEPT REVENUE ADMINISTRATION
DOCUMENT PROCESSING DIVISION
PO BOX 2072
CONCORD, NH 03302-2072

DP-59-A

COMMON TAXPAYER ERRORS

The following is a list of the most common mistakes made by taxpayers when filing a NH Interest and Dividends Tax return. These, along with other errors, may cause the return to be considered an "incomplete return" which may result in the assessment of interest and penalties. To ensure that you have filed a complete return, carefully follow the general and line-by-line instructions and be sure you have done the following:

HAVE YOU SIGNED AND DATED THE RETURN?

IF THIS IS A JOINT RETURN, HAS YOUR SPOUSE INCLUDED THEIR SOCIAL SECURITY NUMBER, SIGNED AND DATED THE RETURN?

IF THERE IS A BALANCE DUE OF \$1.00 OR GREATER, HAVE YOU ENCLOSED A CHECK FOR THE TOTAL AMOUNT DUE?

DID YOU MAKE THE CHECK PAYABLE TO THE STATE OF NEW HAMPSHIRE?

ARE THE WRITTEN AND NUMERIC AMOUNTS ON THE CHECK FOR THE SAME AMOUNT?

HAVE YOU SIGNED AND DATED THE CHECK?

If you have any questions regarding the Interest and Dividends Tax return, please call the Taxpayer Assistance Office at (603) 271-2186. Hearing or speech impaired individuals may call TDD Access: Relay NH 1-800-735-2964.

GENERAL INSTRUCTIONS

WHO MUST FILE A RETURN

INDIVIDUALS: Individuals who are residents or inhabitants of the state for any part of the tax year must file providing they received more than \$2,400 of taxable interest and/or dividend income for a single individual or \$4,800 of such income for a married couple filing a joint New Hampshire return. (Part-year residents see below.)

To determine whether a return must be filed, you should complete either:

- (a) pages 1 and 2 of the return up to line 8, or
- (b) the following worksheet:

INCOME:

1(a) Total interest income 1(a) _____
 1(b) Total dividend income 1(b) _____
 1(c) Total federal tax exempt interest income..... 1(c) _____
 1(d) Total income received..... 1(d) _____

DEDUCTIONS:

2(a) Interest from direct U.S. Obligations 2(a) _____
 2(b) Other non-taxable interest or dividend income (see Quick Checklist) 2(b) _____
 2(c) Total deductions..... 2(c) _____

EXEMPTIONS:

3 \$2,400 if single, \$4,800 if married..... 3 _____
 (Part-year residents are entitled to full exemption)
 For purposes of this worksheet, the elderly and disabled exemptions do not apply to the calculation.

TAXABLE INCOME:

4 Subtract lines 2(c) and 3 from line 1(c) to arrive at taxable income..... 4 _____

If the amount on line 4 is \$0 or less you are not required to file an Interest and Dividends Tax Return. Please **ONLY** complete Step 1 of the return, check off "NOT REQUIRED TO FILE" (under line 8) and mail the form so that we may remove you from our mailing list.

PARTNERSHIPS, ASSOCIATIONS, TRUSTS AND FIDUCIARIES: Please see separate instructions on page (5).

JOINT FILERS

To ensure your payments are credited to your account, the sequence of names and social security numbers must be consistent on all Interest and Dividends Tax estimates, extensions and returns.

PART YEAR RESIDENCY

For New Hampshire Interest & Dividends Tax purposes, a "part year resident" is someone who has permanently established residency in New Hampshire during the year or who has permanently abandoned residency in New Hampshire during the year.

If you **established** residency after January 1, 1998, check the "Initial Return" box and enter the date of residency in Step 3. If you **abandoned** residency during the year, check the "Final Return" box and enter the date in Step 3.

**PART YEAR
RESIDENT
CONTINUED**

A temporary absence for any length of time does not change your state of residency. If you are unsure whether you are a resident of New Hampshire, please call the Taxpayer Assistance Office (603) 271-2186, Monday through Friday, 8:00 a.m. to 4:00 p.m.

Part-year residents are entitled to the full \$2,400 exemption (or \$4,800 for joint filers) and the full amount for the exemptions shown in step 5, line 10 of the return.

Part-year residents must file a return if, during the entire year, their taxable income was over \$2,400 (or over \$4,800 for joint filers). However, only the interest and dividends earned during that portion of the year for which they were a New Hampshire resident are taxable.

**WHEN
TO FILE**

Calendar Year: If your return is based on a calendar year, it must be postmarked on or before April 15, 1999.

Fiscal Year: If your return is based on a tax year other than a calendar year, it must be postmarked on or before the 15th day of the fourth month following the end of your tax year.

**WHERE
TO FILE**

NH DEPT REVENUE ADMINISTRATION
MAIL Document Processing Division
TO: PO Box 2072
Concord, NH 03302-2072

FAX DOCUMENTS ARE NOT ACCEPTED

**NEED
HELP
OR FORMS**

Call the Taxpayer Assistance Office at (603) 271-2186, Monday through Friday, 8:00 am to 4:00 pm. If you need additional forms, please call our forms line at (603) 271-2192. Hearing or speech impaired individuals may call TDD Access: Relay NH 1-800-735-2964.

Copies of forms are also available from many public libraries located throughout the state.

**EXTENSION
TO
FILE**

New Hampshire no longer requires taxpayers to file an application for an automatic **7-month extension** of time to file provided that the taxpayer has paid 100% of the Interest and Dividends Tax determined to be due by the original due date of the return.

If you need to make an additional payment, you must file a Form DP-59-A along with the payment. This application and payment must be postmarked on or before the due date of the return. **Failure to pay 100% of the tax due by the original due date may result in the assessment of penalties.**

You are not required to attach a copy of your federal extension to your return.

**CONFIDENTIAL
INFORMATION**

Tax information which is disclosed to the New Hampshire Department of Revenue Administration is held in strict confidence by law. The information may be disclosed to the United State Internal Revenue Service, agencies responsible for the administration of taxes in other states in accordance with compacts for the exchange of information, and as otherwise authorized by New Hampshire Revised Statutes Annotated 21-J:14.

**SOCIAL
SECURITY
ACCOUNT
NUMBERS**

Disclosure of Social Security Account Numbers is mandatory under Department of Revenue Administration rules 203.01, 221.02, 221.03, and 906.03(c). This information is required for the purpose of administering the tax laws of this state and authorized by 42 U.S.C.S. § 405 (c)(2)(C)(i).

The failure to provide Social Security Account Numbers may result in a rejection of a return or application. The failure to timely file a return or application complete with Social Security Account Numbers may result in the imposition of civil or criminal penalties, the disallowance of claimed exemptions, exclusions, credits, deductions, or adjustments that may result in increased tax liability.

**AMENDED
RETURNS**

If you discover an error was made on your return after it has been filed, an amended New Hampshire return should be promptly filed by completing a corrected Form DP-10 and by checking the "AMENDED" box in Step 3 on the return. New Hampshire does not have a separate form for amended returns. Changes made by the IRS must be reported using a form RP-87A. Blank forms may be obtained by calling (603) 271-2192.

**ROUNDING
OFF**

Money items on all Interest and Dividends Tax forms may be rounded off to the nearest whole dollar.

LINE-BY-LINE INSTRUCTIONS

STEP 1

If you have received a booklet of tax forms and instructions type or print the name and address in the space provided. Individual/Joint returns must include social security number and, if applicable, spouse's social security number in the space provided. For partnership or fiduciary returns, enter the federal identification number in the space provided.

STEP 2

Entity type. You must check only one box. If a partnership return, enter the percentage of ownership by New Hampshire residents. If a fiduciary return, enter the percentage of NH beneficiaries.

Forms mailing information: If you will not be at your New Hampshire mailing address when the forms are mailed on approximately January 2nd and if you would like forms mailed to a winter address, please check the box and provide the address. **This address will be used for form mailing purposes only.**

STEP 3

Check the appropriate box, if any, of the questions which apply to this return and enter the information requested.

STEP 4

Complete PAGE 2 of the return. See PAGE 2 Instructions.

STEP 5

To figure your net taxable income, complete lines 6 through 11. For Individual /Joint filers ONLY, if line 8 is zero, you are not required to file a return. Please check the box under line 8 and submit the return so that we can remove you from our mailing list. If your filing requirements change, please contact the Department of Revenue Administration.

Line 9: Deduct here the amount of any cash contribution made during the taxable period to a qualified investment capital company as defined in RSA 77-A:1,XXIV. (The return of any such contributions received within the next three subsequent periods is taxable and should subsequently be included in Line 2.)

STEP 6

Figure your Interest & Dividends Tax by multiplying line 11 by 5%. Enter the tax on line 12.

Calculate the tax due by subtracting your payments (line 13a through 13d) from the tax you calculated (line 12). Enter the remainder, balance of tax due, on line 14.

Figure your penalties, if any, as follows:

- (a) Interest is calculated on the balance of tax due (line 14) from the original due date to the date paid at 10 % per year. (Interest due = tax due x number of days x .000274.)

NOTE: The interest rate is recomputed each year under the provisions of RSA 21-J:28,II. Applicable rates for the current and prior years are as follows:

<u>PERIOD</u>	<u>RATE</u>
1/1/99 - 12/31/99	10%
1/1/98 - 12/31/98	11%
Prior to 1/1/98	15%

- (b) A penalty equal to 10% of any nonpayment or underpayment of taxes shall be imposed if the taxpayer fails to pay when the tax is due.
- (c) The late filing penalty is 5% of the tax due (line 14) for each month or part thereof for which the return is filed beyond the due date. The total amount shall not exceed 25% of the tax due. Calculate this penalty starting from the original due date of the return until the date a complete return has been filed.
- (d) If line 12 is more than \$200 you may have been required to file estimated payments during the tax year. To calculate your penalty for nonpayment or underpayment of estimates or to determine if you qualified for an exemption from filing estimate payments, complete Form DP 2210/2220 which may be obtained by calling (603) 271-2192.

Enter the total of lines 15(a) through 15(d) on line 15.

Note: Taxpayers who substantially understate their tax on line 14 may be assessed a penalty by the Department in the amount of 25% of any underpayment of the tax resulting from such understatement. A substantial understatement is one which exceeds the greater of 10% of the amount of tax (line 14) or \$5,000.

STEP 7

If your Interest & Dividends tax (line 12) plus interest and penalties (line 15) is greater than your payments (line 13), then enter on line 16 your balance of tax due. If less than \$1.00, do not pay **but still file the return**. Make check or money order payable to: State of New Hampshire. Payment must accompany the return; **HOWEVER, PLEASE ENCLOSE, BUT DO NOT STAPLE OR TAPE, YOUR PAYMENT WITH THE RETURN.** To ensure your check is credited to your account, please put your social security or federal identification number on the check.

If your total tax (line 12) plus interest and penalties (line 15) is less than your payments (line 13), then you have overpaid. Enter the overpayment amount on line 17.

The taxpayer has an option of applying any part of the overpayment or the total amount of the overpayment as a credit on next year's return. Enter the desired credit on line 18(a). The remainder, which will be refunded, should be entered on line 18(b). If line 18(a) is not completed, the entire overpayment will be refunded. **Please allow up to 12 weeks for the Department to process the refund.**

You **MUST SIGN AND DATE** your return. If you are filing a joint return, both husband and wife must sign and date the return even if only one of you had income. If you paid a preparer to complete this return, then the preparer must also sign and date the return. The preparer must also provide their federal identification number and complete address.

PAGE 2 INSTRUCTIONS**PRO-RATED
INTEREST &
DIVIDENDS**

Individuals filing as part-year residents must include only the amount of taxable income earned during the period of New Hampshire residency. For your convenience you may prorate interest and dividends earned during the year based on the number of days you were a New Hampshire resident, divided by 365, multiplied by the amount of the income. Indicate the non-taxable amount on line 4.

INTEREST EARNED FROM NH AND VT BANKS IS TAXABLE

LINE 1 **LINE 1(a) INTEREST INCOME:** Enter on line 1(a) **ALL** interest income. For individual and joint filers the amount to be reported on line 1(a) is from line 8(a) of IRS Form 1040 or 1040A. For partnerships and fiduciary filers, the amount to be reported on line 1(a) is the total of all interest income reported on your federal return. **NOTE:** All interest income which is not taxable to NH will be deducted on line 4.

LINE 1(b) DIVIDEND INCOME: Enter on line 1(b) **ALL** ordinary dividend income. For individual and joint filers the amount to be reported on line 1(b) is from line 9 of IRS Form 1040 or 1040A. **NOTE:** All dividend income which is not taxable to NH will be deducted on line 4.

LINE 1(c) FEDERAL TAX-EXEMPT INTEREST INCOME: Enter on line 1(c) the amount of **ALL** federally tax-exempt interest income. For individuals and joint filers, the amount is from IRS Form 1040 or 1040A, line 8 (b). Unless specifically exempt by New Hampshire law, all federally tax-exempt interest income is taxable to New Hampshire. **NOTE:** All federal tax-exempt interest income that is not taxable to NH will be deducted on line 4.

LINE 2 **OTHER INCOME SUBJECT TO THE NH INTEREST AND DIVIDENDS TAX:** List on line 2 the payments you received or constructively received from S corporations, a partnership with transferable shares, a trust or estate with transferable shares, or the return of capital from a qualified investment capital company when the investment is returned within three years of the original deduction. These payments are subject to tax in NH as a "dividend". (Transferable means that you can freely transfer your shares without causing a dissolution of the organization or without prior approval of the other members.) All publicly traded partnerships fall in this category. The payment you received or constructively received during the year may or may not correspond to the information shown on your Schedule K-1. Flow-through interest and dividend income from these organizations should be backed out on line 4. All other deductions also apply (e.g. capital gains, direct US government obligation, etc.) **ALL NONTAXABLE INCOME WILL BE DEDUCTED ON LINE 4.**

Line 2: In column A, enter the number which represents the type of entity of the payer. See the box below for ENTITY TYPE CODES. In column B, enter the name of the payer. In column C, enter the payer's identification number, if known. In column D, enter the total amount of income (cash, property, etc.) received or constructively received. The column D amount is the total amount you received or constructively received from the payer during the year and may not correspond to any line on your IRS Form 1040 or your IRS Schedule K-1. **NOTE:** This is not a tax on pass-through losses or gains from a Schedule K-1. Therefore, do not add any pass-through losses or gains from Schedule K-1.

Entity Code	2	3	4	5
Entity Type	S Corporations Other Corporations	Partnerships	Trusts or Estates	Other

LINE 3 Enter on line 3 the sum of lines 1(a), 1 (b), 1(c), and 2.

LINE 4 **INTEREST AND DIVIDENDS INCOME NOT TAXABLE TO NH:** In column A, enter the code number which corresponds to the reason the income is not subject to the Interest and Dividends Tax. (See the box below for reason codes.) In column B, enter the name of the payer. In column C, enter the payer's identification number, if known. In column D enter the non-taxable amount.

REASON CODE	REASON
1	Direct US Government Obligations
2	NH Municipal bond interest
3	Long or short term capital gains included in line 3
4	Individual retirement account/Keogh plans/Other exempt retirement plans
5	Liquidating distributions
6	The partnership/trust is subject to the NH Interest & Dividends Tax
7	Interest or dividend income from a partnership/trust with non-transferable shares included in line 1(a) or 1(b)
8	Allocation to non-NH residents
9	Other (attach explanation)

★ IF YOU HAD PARTNERSHIP, TRUSTS, ESTATE, OR S-CORPORATION INCOME, SEE INSTRUCTIONS ON PAGE 5.

★★★ REFER TO THE CHECKLIST ON PAGE 6 FOR EXAMPLES OF NONTAXABLE SOURCES OF INCOME ★★★

LINE 5 **GROSS TAXABLE INCOME:** Enter the amount of line 3 minus line 4. Enter this amount on page 1, line 6.

PARTNERSHIP, TRUST, OR ESTATE INCOME

WHEN THE PAYER FILES ITS OWN NH INTEREST AND DIVIDENDS TAX RETURN:

Income from this payer is not taxable to you. The amount of interest and dividend income, if any, which is included in lines 1(a) and 1(b) and which shows on your IRS Schedule K-1 is not taxable to NH and should be deducted on line 4. Also enter on line 4 the amount, if any, that you listed on line 2.

"S" CORPORATION INCOME

Distributions from S Corporations are taxable to you. The entire amount you received or constructively received from the "S" corporation is subject to tax and should be listed on line 2. The amount of interest and dividend income, if any, which is included in lines 1(a) and 1(b) and which shows on your IRS K-1 Form is not taxable to NH and should be deducted on line 4.

INSTRUCTIONS FOR COMPLETING A PARTNERSHIP, ASSOCIATION, OR FIDUCIARY RETURN

WHO MUST FILE: Partnerships and fiduciaries must file their own Interest and Dividends tax return when **all** of the following apply:

1. The entity has over \$2,400 of gross interest and dividend income.
2. The partnership has a usual place of business in New Hampshire, or in the case of a trust, the location of the trust property is in this state, or at least one of the trustees is an inhabitant of New Hampshire, or the trustee was appointed by a New Hampshire court.
3. The partnership has at least one New Hampshire owner, AND
4. The entity has non-transferable shares (see Rev 901.02 or 901.03).

Any organization whose shares or interests are transferable without obtaining prior member approval or causing a dissolution of the organization such as, but not limited to: a business trust, common law trust, Massachusetts trust, real estate investment trust, homeowners or condominium associations and employee benefit plans, SHALL NOT FILE AN INTEREST & DIVIDEND TAX RETURN.

WHAT TO REPORT: Report all interest and dividend income received from whatever source on page 2, lines 1(a), 1(b), and 1(c). Enter on line 4 the amounts which are non-taxable to New Hampshire. See the QUICK CHECKLIST, on page 6, for a listing of taxable and non-taxable income sources.

GRANTOR TRUSTS: The income received by estates held by trustees which are treated as grantor trusts under IRS Section 671 is included in the return of its owners.

NON-NEW HAMPSHIRE MEMBERS, BENEFICIARIES OR OWNERS: Partnership or trust interest and dividend income is subject to this tax only to the extent that the members/beneficiaries are residents of this state or are unascertained. All interest and dividend income must be shown on lines 1(a), 1(b), and 1(c). Enter on line 4 the prorata share attributable to non-NH resident members/beneficiaries. Indicate on the return on page 1, step 2 the percentage of ownership attributable to New Hampshire members or beneficiaries.

EXEMPTIONS: The entity is entitled to one \$2,400 exemption.

CHARITABLE CONTRIBUTIONS: The portion of a trust's income required to be donated to an exempt charity is not taxable.

QUICK CHECKLIST

Taxable to New Hampshire

Not Taxable to New Hampshire

— INTEREST —

- **ALL BANKS, CREDIT UNIONS, SAVINGS BANKS, BUILDING & LOAN ASSOCIATIONS, TRUST COMPANIES, INCLUDING THOSE IN NEW HAMPSHIRE AND VERMONT**

- Bonds, notes and money at interest and from all debts due the person being taxed unless specifically exempt
- Life insurance interest
- Private mortgages and loans
- Repurchase agreements
- Municipal bonds, EXCEPT New Hampshire
- Deemed interest
- Indirect obligations of the US Government including: Federal National Mortgage Association (FNMA), Government National Mortgage Association (GNMA), Federal Home Loan Mortgage Corporation, and Farmers Home Administration
- Annuities (except as part of an employee benefit plan as defined in ERISA of 1974 sec. 3, or the principal portion of life insurance proceeds)
- Annual calculated interest from zero coupon bonds
- OID interest as shown on your 1099
- Interest paid by the IRS

- New Hampshire State and New Hampshire Municipal bonds
- Individual Retirement Accounts
- Keogh Plans
- Tax Deferred Investment Plans
- Employee Benefit Plans as defined by ERISA of 1974, sec. 3
- Specifically exempted Puerto Rico, Guam & Virgin Islands bonds
- Direct obligations of the US Government including: Treasury Bills, US Savings Bonds, Treasury Bonds, Federal Home Loan Banks, US Postal Securities, Small Business Administration, Tennessee Valley Authority, Farm Credit System, Federal Financing Bank, General Services Administration, Student Loan Marketing Association (SLMA), and Resolution Funding Corporation
- New Hampshire Housing Authority Bonds, Industrial Development Authority, New Hampshire Higher Education and Health Facilities Authority, Firemen's Retirement, New Hampshire Retirement System, State Retirement Allowance
- Interest received from funds invested in the college tuition savings plan under RSA 195-H

— DIVIDENDS —

- **BANKS AND BANK HOLDING COMPANIES**

- All dividends unless specifically exempt by law
- Corporations (including NH Corporations)
- Mutual funds EXCEPT portion generated from direct obligations of the US Government or from capital gains
- Automatic reinvestments
- Income from partnerships, associations, or trusts (see instructions for exceptions)
- Actual distributions from S Corporations (see instructions)
- Fair market value of distributed property by a business organization
- Forgiveness of debt by an organization
- Personal expenditures made by an organization for an individual and the fair market value of any property transferred
- World Bank dividends
- Deemed dividends

- Capital gains, or any portion of the dividend that represents capital gain
- Return of capital, or any portion of the dividend that represents return of capital
- Stock dividends paid in new stock (not automatic reinvestment of mutual funds)
- Liquidating dividends
- Individual Retirement Accounts
- Keogh Plans
- Tax deferred investment plans
- Sale or exchange of transferable shares
- 1099 PATR (Patronage Dividends)
- Mutual funds which invest solely in New Hampshire tax-exempt instruments
- Dividends received from funds invested in the college tuition savings plan under RSA 195-H

FORM

DP-10

041

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION
INTEREST AND DIVIDENDS TAX RETURN 1998For the CALENDAR year **1998** or other tax year beginning _____ and ending _____
Mo Day Year Mo Day Year

Due Date for CALENDAR year is on or before April 15, 1999 or the 15th day of the 4th month after the close of the fiscal period.

STEP 1 Please Print or Type	LAST NAME	FIRST NAME & INITIAL	SOCIAL SECURITY NUMBER
	SPOUSE'S LAST NAME	FIRST NAME & INITIAL	_____
	NAME OF PARTNERSHIP OR FIDUCIARY		SPOUSE'S SOCIAL SECURITY NUMBER
	NUMBER AND STREET ADDRESS		_____
	CITY OR TOWN, STATE AND ZIP CODE		FEDERAL EMPLOYER IDENTIFICATION NUMBER (Partnership or Fiduciary)

STEP 2 Entity Type and Mailing Information	<input type="checkbox"/> ① INDIVIDUAL <input type="checkbox"/> ① JOINT <input type="checkbox"/> ③ PARTNERSHIP <input type="checkbox"/> ④ FIDUCIARY _____ % of NH Ownership			
	<input type="checkbox"/> Check here if you would like your forms mailed to an address other than the above. (See instructions)			
	Number and Street Address	City/Town	State	Zip

STEP 3 Special Return Type	<input type="checkbox"/> INITIAL RETURN: Date established residency.....	Mo	Day	Year
	<input type="checkbox"/> FINAL RETURN: Date abandoned residency.....	Mo	Day	Year
	<input type="checkbox"/> FINAL RETURN: Deceased taxpayer: Social Security # _____ - _____ - _____ Date of death	Mo	Day	Year
	<input type="checkbox"/> AMENDED RETURN Note: DO NOT USE this form to report an IRS adjustment. File FORM DP-87 A.			

STEP 4 **COMPLETE PAGE 2 BEFORE COMPUTING TAX**

STEP 5 Figure Your Net Taxable Income	6 Gross Taxable Income (Page 2, line 5)	6		
	7 Less: \$2,400 Individual, Partnership, and Fiduciary; \$4,800 Joint	7		
	8 Adjusted Taxable Income (Line 6 less line 7)	8		
	FOR INDIVIDUAL/JOINT FILERS ONLY: IF LINE 8 IS ZERO OR LESS, YOU ARE NOT REQUIRED TO FILE. HOWEVER, TO BE REMOVED FROM OUR MAILING LIST CHECK HERE AND MAIL IN THE RETURN. <input type="checkbox"/>			
	9 Deduction for Contribution to Qualified Investment Capital Company (see instructions).....	9		

10 Check the exemptions that apply ☐ Blind ☐ Spouse Blind
☐ 65 (or over) _____ or disabled ☐ Spouse 65 (or over) _____ or disabled
Year of Birth Year of Birth

Total number of boxes checked _____ x \$1,200= _____

11 Net Taxable Income (Line 8 less lines 9 and 10)	11		
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STEP 6 Figure Your Tax, Credits, Interest and Penalties	12 New Hampshire Interest and Dividends Tax (Line 11 x 5%)	12		
	13 Payments: (a) Tax paid with Application for Extension	13(a)		
	(b) Payment from 1998 Declaration of Estimated Tax ...	13(b)		
	(c) Credit carryover from prior years	13(c)		
	(d) Paid with original return (Amended returns only).....	13(d)		
14 Balance of Tax Due (Line 12 less line 13)	14			
15 Additions to Tax: (a) Interest (See instructions)	15(a)			
(b) Failure to Pay (See instructions)	15(b)			
(c) Failure to File (See instructions)	15(c)			
(d) Underpayment of Estimated Tax (See instructions)	15(d)			

STEP 7 Balance Due or Overpayment	16 Total Balance Due (Line 14 plus line 15) Make check payable to: State of New Hampshire.	16		
	17 OVERPAYMENT (Line 13 less line 12 adjusted by line 15, if applicable)17			
	18 Amount of line 17 to be applied to: (a) Your 1999 tax liability	18(a)		
	(b) Refund - Please allow 12 weeks for processing.....	18(b)		

Under penalties of perjury, I declare that I have examined this return and to the best of my belief it is true, correct and complete.
 If prepared by a person other than the taxpayer, this declaration is based on all information of which the preparer has knowledge.

Signature

Date

Signature of Paid Preparer Other Than Taxpayer

If joint return, BOTH husband and wife must sign, even if only one had income. Date

Preparer's Identification Number

Date

MAIL TO:

NH DEPT REVENUE ADMINISTRATION
DOCUMENT PROCESSING DIVISION
PO BOX 2072

Preparer's Address

City or Town, State, and Zip Code

DP-10

For the CALENDAR year **1998** or other tax year beginning

Mo	Day	Year

 and ending

Mo	Day	Year

Due Date for CALENDAR year is on or before April 15, 1999 or the 15th day of the 4th month after the close of the fiscal period.

STEP 1 Please Print or Type	LAST NAME	FIRST NAME & INITIAL	SOCIAL SECURITY NUMBER
	SPOUSE'S LAST NAME	FIRST NAME & INITIAL	_____ - _____ - _____
	NAME OF PARTNERSHIP OR FIDUCIARY		SPOUSE'S SOCIAL SECURITY NUMBER
	NUMBER AND STREET ADDRESS		_____ - _____ - _____
	CITY OR TOWN, STATE AND ZIP CODE		FEDERAL EMPLOYER IDENTIFICATION NUMBER (Partnership or Fiduciary)

TAXPAYER
COPY

STEP 2 Entity Type and Mailing Information	<input type="checkbox"/> ① INDIVIDUAL <input type="checkbox"/> ① JOINT <input type="checkbox"/> ③ PARTNERSHIP <input type="checkbox"/> ④ FIDUCIARY _____ % of NH Ownership			
	<input type="checkbox"/> Check here if you would like your forms mailed to an address other than the above. (See instructions)			
	Number and Street Address		City/Town	State

STEP 3 Special Return Type	<input type="checkbox"/> INITIAL RETURN: Date established residency.....	Mo	Day	Year
	<input type="checkbox"/> FINAL RETURN: Date abandoned residency.....	Mo	Day	Year
	<input type="checkbox"/> FINAL RETURN: Deceased taxpayer: Social Security # _____ – _____ – _____ Date of death	Mo	Day	Year
	<input type="checkbox"/> AMENDED RETURN Note: DO NOT USE this form to report an IRS adjustment. File FORM DP-87 A.			

STEP 4	COMPLETE PAGE 2 BEFORE COMPUTING TAX
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STEP 5	6 Gross Taxable Income (Page 2, line 5)	6		
Figure Your	7 Less: \$2,400 Individual, Partnership, and Fiduciary; \$4,800 Joint	7		
Net Taxable	8 Adjusted Taxable Income (Line 6 less line 7)	8		
Income	FOR INDIVIDUAL/JOINT FILERS ONLY: IF LINE 8 IS ZERO OR LESS, YOU ARE NOT REQUIRED TO FILE. HOWEVER, TO BE REMOVED FROM OUR MAILING LIST CHECK HERE AND MAIL IN THE RETURN.			
	9 Deduction for Contribution to Qualified Investment Capital Company (see instructions).....	9		
	10 Check the exemptions that apply <input type="checkbox"/> Blind <input type="checkbox"/> Spouse Blind			
	<input type="checkbox"/> 65 (or over) _____ or disabled <input type="checkbox"/> Spouse 65 (or over) _____ or disabled			
	Total number of boxes checked _____ x \$1,200= _____	10		
	11 Net Taxable Income (Line 8 less lines 9 and 10)	11		

STEP 6 Figure Your Tax, Credits, Interest and Penalties							
12	New Hampshire Interest and Dividends Tax (Line 11 x 5%)	12					
13	Payments: (a) Tax paid with Application for Extension	13(a)					
	(b) Payment from 1998 Declaration of Estimated Tax	13(b)					
	(c) Credit carryover from prior years	13(c)					
	(d) Paid with original return (Amended returns only).....	13(d)					
14	Balance of Tax Due (Line 12 less line 13)	14					
15	Additions to Tax: (a) Interest (See instructions)	15(a)					
	(b) Failure to Pay (See instructions)	15(b)					
	(c) Failure to File (See instructions)	15(c)					
	(d) Underpayment of Estimated Tax (See instructions)	15(d)					

STEP 7 Balance Due or Overpayment	16	Total Balance Due (Line 14 plus line 15)		Make check payable to: State of New Hampshire.	16		
				Enclose, but do not staple or tape, your payment with this return.			
	17	OVERPAYMENT (Line 13 less line 12 adjusted by line 15, if applicable)		17			
	18	Amount of line 17 to be applied to:		(a) Your 1999 tax liability	18(a)		
				(b) Refund - Please allow 12 weeks for processing.....	18(b)		

Under penalties of perjury, I declare that I have examined this return and to the best of my belief it is true, correct and complete.
If prepared by a person other than the taxpayer, this declaration is based on all information of which the preparer has knowledge.

Signature
Date

Signature of Paid Preparer Other Than Taxpayer

If joint return, **BOTH** husband and wife must sign, even if only one had income. Date _____

Preparer's Identification Number _____ Date _____

MAIL TO: NH DEPT REVENUE ADMINISTRATION
DOCUMENT PROCESSING DIVISION
PO BOX 2072

Preparer's Address

City or Town, State, and Zip Code

FORM

DP-10

REPORT OF INTEREST AND DIVIDENDS INCOME
TAX YEAR 1998**1 From Your Federal 1040 Income Tax Return: (Partnerships and Fiduciaries, see Instructions)**

(a) Interest Income. Enter the amount from line 8(a).1(a)

(b) Dividend Income. Enter the amount from line 9..... 1(b)

(c) Federal Tax Exempt Interest Income. Enter the amount from line 8(b).1(c)

2 List Payments From S-Corporations, Partnerships, and Fiduciaries: See instructions

Entity codes: 2="S" or other Corporations; 3=Partnerships; 4=Trusts or Estates; 5=Other

(A) ENTITY CODE	(B) NAME OF PAYER	(C) PAYER'S IDENTIFICATION NUMBER	(D) DISTRIBUTION AMOUNT
Total from supplemental schedule attached			

2 Total Distributions.....2**3 Subtotal Sum of lines 1(a), 1(b), 1(c) and 2**.....3**4 List payers and amounts of interest and/or dividends NOT TAXABLE to NH included on lines 1(a), 1(b), 1(c), and/or 2: (See instructions)**

(A) REASON CODE	(B) NAME OF PAYER	(C) PAYER'S IDENTIFICATION NUMBER	(D) NON-TAXABLE AMOUNT
Total from supplemental schedule attached			

4 Total Non-Taxable Amount.....4**5 Gross Taxable Income** (Line 3 minus line 4) ENTER THIS AMOUNT ON PAGE 1, LINE 6.....5

1 Who Must Pay Estimated Tax

Every individual, partnership, association, trust or fiduciary required to file an Interest and Dividends Tax Return must also make Estimated Interest & Dividends Tax payments for its subsequent taxable period, unless the annual estimated tax for the subsequent taxable period is less than \$200. However, quarterly payments are required to be made whenever your **annual** estimated tax for the subsequent taxable period exceeds \$200 (See paragraph 6 for exceptions).

2 Where to Mail Payments

Mail estimated tax payment to:
NH DEPT REVENUE ADMINISTRATION
Document Processing Division
PO Box 2035
Concord, NH 03302-2035

3 When to Make Payments

CALENDAR YEAR FILERS:

1st quarterly payment due April 15, 1999
2nd quarterly payment due June 15, 1999
3rd quarterly payment due September 15, 1999
4th quarterly payment is due January 18, 2000.

FISCAL YEAR FILERS:

A quarterly payment is due on the 15th day of the 4th, 6th, 9th and 12th month following the close of your fiscal year.

4 Payment of Estimated Tax

Estimated tax may be paid in full with the initial declaration or in equal installments on the due dates.
CHECKS ARE TO BE MADE PAYABLE TO: STATE OF NEW HAMPSHIRE.

5 Underpayment Penalty

A penalty may be imposed by law (RSA 21-J:32) for an underpayment of estimated taxes if the payments are less than 90% of that period's tax liability. If estimate payments are not made on time, even if 90% of the tax is eventually paid, an underpayment penalty may be applied. If an estimated payment is missed, send the payment as soon as possible to reduce any penalty.

This penalty will not be imposed if any of the statutory exceptions apply.

6 Exceptions to the Underpayment Penalty

The penalty shall not apply if you meet one of the exceptions provided in the law (RSA 21-J:32). Please use form DP 2210/2220 to see if you meet one of the exceptions or to compute the amount of the penalty.

To obtain this form call the forms line at (603) 271-2192.

7 Specific Questions

SPECIFIC QUESTIONS not covered herein should be referred to the Taxpayer Assistance Office, PO Box 2072, Concord, NH 03302-2072. Telephone (603) 271-2186. Hearing or speech impaired individuals may call TDD Access: Relay NH 1-800-735-2964.

INTEREST AND DIVIDENDS TAX

1999 TAXPAYER'S WORKSHEET – KEEP FOR YOUR RECORDS

- 1 All interest and dividend income taxable by the State.....1 _____
- 2 Less Exemption – check the exemptions that apply:
- 2(a) ☐ Yourself ☐ Spouse ☐ Partnership ☐ Fiduciary Total number of boxes checked _____ x \$2400 =2(a) _____
- 2(b) ☐ 65 (or over) or disabled ☐ Blind } Total number of boxes checked _____ x \$1200 =2(b) _____
- ☐ Spouse 65 (or over) or disabled ☐ Spouse Blind }
- 2 (c) Total exemptions [Line 2(a) plus 2(b)].....2(c) _____
- 3 New Hampshire Taxable Income [Line 1 less line 2(c)].....3 _____
- 4 New Hampshire Interest & Dividends Tax (Line 3 multiplied by 5%).....4 _____
- 5 1998 OVERPAYMENT applied to 1999 taxes.....5 _____
- (If the overpayment exceeds the first 1/4 installment, the overage will be applied to the next installment and so on)
- 6 BALANCE OF ESTIMATED INTEREST & DIVIDENDS TAX (Line 4 less line 5).....6 _____

If less than \$200
see instructions
paragraph No. 1.

COMPUTATION and RECORD of PAYMENTS

Date Paid	Amount of each Installment (1/4 of line 4 of worksheet)	1998 Overpayment Applied to Installment	Balance Due	CALENDAR YEAR DUE DATES
1.	\$	\$	\$	April 15, 1999
2.	\$	\$	\$	June 15, 1999
3.	\$	\$	\$	Sept. 15, 1999
4.	\$	\$	\$	Jan. 18, 2000

IMPORTANT:

PLEASE PUT THE NAMES AND SOCIAL SECURITY NUMBERS ON THE ESTIMATE FORM
IN THE SAME SEQUENCE AS THOSE TO BE USED ON THE RETURN.

THE PENALTY PROVISIONS OF RSA 21-J:32 WILL APPLY IF THE ESTIMATE REQUIRE-
MENTS HAVE NOT BEEN MET.

(Cut along this line)

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION

ESTIMATED INTEREST AND DIVIDENDS TAX 1999

Payment Voucher 1

Calendar Year — Due April 15, 1999

CHECK ONE: ☐ INDIVIDUAL/JOINT

①

☐ PARTNERSHIP

③

☐ FIDUCIARY

④

For CALENDAR YEAR **1999** or other tax year beginning _____ ending _____

Mo Day Year Mo Day Year

P R I N T O R T Y P E	LAST NAME	FIRST NAME & INITIAL	SOCIAL SECURITY NUMBER
	SPOUSE'S LAST NAME	FIRST NAME & INITIAL	_____
	NAME OF PARTNERSHIP OR FIDUCIARY		SPOUSE'S SOCIAL SECURITY NUMBER
	NUMBER AND STREET		_____
	CITY OR TOWN, STATE AND ZIP CODE		FEDERAL EMPLOYER IDENTIFICATION NUMBER (PARTNERSHIP OR FIDUCIARY)

☐ CHECK IF ADDRESS IS DIFFERENT FROM 1998 RETURN.

MAIL NH DEPT REVENUE ADMINISTRATION
TO: Document Processing Division
PO Box 2035
Concord NH 03302-2035

Amount of This Payment \$ _____

Make check payable to: **STATE OF NEW HAMPSHIRE**
Enclose, but do not staple or tape, your payment
with this estimate. Do not file a \$0 estimate.

FORM

DP-10-ES

042

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION

ESTIMATED INTEREST AND DIVIDENDS TAX 1999

CHECK ONE: ☐ INDIVIDUAL/JOINT

①

☐ PARTNERSHIP

③

☐ FIDUCIARY

④

Payment Voucher 2

Calendar Year — Due June 15, 1999

For CALENDAR year 1999 or other tax year beginning

Mo Day Year ending Mo Day Year

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LAST NAME

FIRST NAME & INITIAL

SOCIAL SECURITY NUMBER

SPOUSE'S LAST NAME

FIRST NAME & INITIAL

SPOUSE'S SOCIAL SECURITY NUMBER

NAME OF PARTNERSHIP OR FIDUCIARY

NUMBER AND STREET

FEDERAL EMPLOYER IDENTIFICATION NUMBER
(PARTNERSHIP OR FIDUCIARY)

CITY OR TOWN, STATE AND ZIP CODE

Amount of This Payment

\$

☐ CHECK IF ADDRESS IS DIFFERENT FROM 1998 RETURN.MAIL NH DEPT REVENUE ADMINISTRATION
Document Processing Division

TO: PO Box 2035

Concord, NH 03302-2035

(Cut along this line)

Make check payable to: STATE OF NEW HAMPSHIRE
Enclose, but do not staple or tape, your payment
with this estimate. Do not file a \$0 estimate.

FORM

DP-10-ES

042

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION

ESTIMATED INTEREST AND DIVIDENDS TAX 1999

CHECK ONE: ☐ INDIVIDUAL/JOINT

①

☐ PARTNERSHIP

③

☐ FIDUCIARY

④

Payment Voucher 3

Calendar Year — Due Sept. 15, 1999

For CALENDAR YEAR 1999 or other tax year beginning

Mo Day Year ending Mo Day Year

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LAST NAME

FIRST NAME & INITIAL

SOCIAL SECURITY NUMBER

SPOUSE'S LAST NAME

FIRST NAME & INITIAL

SPOUSE'S SOCIAL SECURITY NUMBER

NAME OF PARTNERSHIP OR FIDUCIARY

NUMBER AND STREET

FEDERAL EMPLOYER IDENTIFICATION NUMBER
(PARTNERSHIP OR FIDUCIARY)

CITY OR TOWN, STATE AND ZIP CODE

Amount of This Payment

\$

☐ CHECK IF ADDRESS IS DIFFERENT FROM 1998 RETURN.MAIL NH DEPT REVENUE ADMINISTRATION
Document Processing Division

TO: PO Box 2035

Concord, NH 03302-2035

(Cut along this line)

Make check payable to: STATE OF NEW HAMPSHIRE
Enclose, but do not staple or tape, your payment
with this estimate. Do not file a \$0 estimate.

FORM

DP-10-ES

042

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION

ESTIMATED INTEREST AND DIVIDENDS TAX 1999

CHECK ONE: ☐ INDIVIDUAL/JOINT

①

☐ PARTNERSHIP

③

☐ FIDUCIARY

④

Payment Voucher 4

Calendar Year — Due Jan. 18, 2000

For CALENDAR year 1999 or other tax year beginning

Mo Day Year ending Mo Day Year

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LAST NAME

FIRST NAME & INITIAL

SOCIAL SECURITY NUMBER

SPOUSE'S LAST NAME

FIRST NAME & INITIAL

SPOUSE'S SOCIAL SECURITY NUMBER

NAME OF PARTNERSHIP OR FIDUCIARY

NUMBER AND STREET

FEDERAL EMPLOYER IDENTIFICATION NUMBER
(PARTNERSHIP OR FIDUCIARY)

CITY OR TOWN, STATE AND ZIP CODE

Amount of This Payment

\$

☐ CHECK IF ADDRESS IS DIFFERENT FROM 1998 RETURN.MAIL NH DEPT REVENUE ADMINISTRATION
Document Processing Division

TO: PO Box 2035

Concord, NH 03302-2035

Make check payable to: STATE OF NEW HAMPSHIRE
Enclose, but do not staple or tape, your payment
with this estimate. Do not file a \$0 estimate.